PTO/SB/17 (10-08)

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Fees pursuant to I	Complete if Known								
8	Application Nuc	Application Number 10/589,600							
	Filing Date	0	05/19/2008						
	First Named In	ventor B	Baisong Li						
✓ Applicant cl	Examiner Name	e A	ANGLO, LHEIREN MAE ACOSTA						
[4] Abbucast G	Art Unit	2	2832						
TOTAL AMOUN	Attorney Docke	t No. 2	291903-1040						
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify);									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments									
Unider 37 CFR 1.16 and 3.17  WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCUL	NOITA	**************		000000000000000000000000000000000000000	000000000000000000000000000000000000000	***************************************			
1. BASIC FILIN			IINATION FEES						
	FILI	NG FEES Small B		RCH FEES Small Entity	EXAMI	MINATION FEES Small Entity			
Application 1	ype Fee	(S) Fee		E) Fee (\$)	Fee (\$			Fees Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325	_		
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES  Fee Description  Small Entity Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220								26 110	
Multiple dependent claims 390								195	
Total Claims	e Paid (\$)		Mul	itiple Depend	ent Claims				
	0 or HP =			0.00		Fe	e (\$)	Fee Paid (\$)	
Indep. Claims	nber of total claims p Extra	oaid for, if gre Claims		e Paid (\$)		0	.00_	0.00	
- 3 or HP = x = 0.00  HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Petition for correction of inventor's name 130									
SUBMITTED BY			000000000000000000000000000000000000000	***************************************		***************************************	***************************************		
Signature	(2/19			Registration No. (Attorney/Agent)	47,752	7	Felephone 8	6-20-37619112	
Name (Print/Type)	George D. Liu			A control building)		1	Date Novemb	er 25, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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